UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	oolwanna translitudge 1 of
FOR NEW Members	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Kara Eastman		18 MAY 30 PM 1: 14
New Member of or Candidate for State: NB		U.S. HOUSE OF REPRESENTATIVES
X U.S. House of Representatives District Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1. 2018 to present	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Of the reporting period? Yes X No asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	ortable positions during the reporting calendar year up through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X No Peporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	errangement with an Yes ??? No No
D. Did you, your spouse, or your dependent child have any reportable Yes X No Ilability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	HEDULE IF YOU ANSWER "YES"	S
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	- ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ther "excepted trusts" need not be disclosed.	Have you excluded Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent of exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	a spouse or dependent child because they meet all three tests for	et all three tests for Yes No X

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EDULE A – ASSETS &	EDULE A - ASSETS & "UNEARNED INCOME"	Name: Kara	Kara Eastman Page 2	of 6
BLOCK A	BLOCK B	вгоск с	вгосж в	
ts and/or income Sources	Value of Asset	Type of income	Amount of Income	··········
all back asset held for investment of loc of income and with a fair market value us \$1,000 at the end of the reporting period, by other reportable asset or source of income is erated more than \$200 in 'unsamed' on ing the year. There is no the stocks and mutual funds 'Conty ticker symbols.'	of income and with a fair market value use a valuation method other than fair market value, pleased that generate bas-deferred income (such as assets indicate the caregor of the reporting period, specify the method used. Signo at the end of the reporting period, specify the method used. The reporting period specify the reporting period and is included interest, and capital geins, over if reporting the year. The reporting the reporting period in 'unearmed' only because it generated income, the value should be reinvested, must be declared as income 'None.' The research and in the processor specific period in 'unearmed' only because it generated by your socuse or dependent 'None' if the asset generated no income or the capital generated no income or the period of the capital generated no income or the research and in the post generated no income or the research and in the passet generated no income or the research and income or the period of the period in the passet generated no income or the period of the period in the passet generated no income or the period of the per	Check all odumns that apply. For eccounts that generals tax-deferred income (such as 401tk). IRA, or 529 accounts), you may check the "Tax-Chefrend" column. Dividends, financet, and capital gelns, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check Thore if the easet generated no income during the reporting period.	and asset held for investment of indicate value of easet at close of the reporting period, if you Check all odumns that apply. For accounts for accounts for accounts the reporting period, specify the method used. 51,000 at the end of the reporting period, specify the method used. 401(k), IPA, or 529 accounts, invuring close to category of income by checking the appropriate appropriate appropriate accounts, or 520 accounts, invuring the reporting period, specify the method used. 401(k), IPA, or 529 accounts, invuring close to the category of income by checking the appropriate appropriate accounts, or in accounts, or in accounts to the disclosed as income for assets held in taxable accounts, or in accounts and capital gains, even if references of must be disclosed as income or generated only because it generated income, the value should be interest, and capital gains, even if the income was earned or generated only because it generated income in the capital gains, even if the income was earned or generated. Check None if no income was earned or generated in which you have no interest or private period. 1. None: 1. None: 1. None: 1. None: 1. None: 1. None: 1. Objective the category of income by checking the appropriate box below. Dividences the category of income by checking the appropriate box below. Dividences the disclosed as income in the income in the income in the income income in the income in the income in the income income in the income in the income in the income income in the income income income in the income income in the income in the income in the income income in the income income income in the income in the income in the income in	ne column. For all other lyidends, interest, and id in taxable secounts. no interest

NEST college sav	SP, DC, Mange Corp Stock Structure Structure ABC Heater Fund X	S5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real properly had for investment provide a complete address or decomption, e.g., rental properly, and a city and state. For an ownership interest in a privately-hald business that is not publicly traded, sate the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting percot), and any financial informent program, including the Thrift Bavings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "Eiffox of the control of your spouse (SP) or income source is that of your spouse (SP) or income source to the institution booklet. For a defailed decursion of Schedule A requirements, please refer to the institution booklet.		For all IRAs and other retirement plans (such as 401 (k) plans) provide the value for each asset haid in the account that exceeds the reporting thresholds.	identity (a) each asset hold for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period, and (b) any other reportable acted to source of income which generated more than \$200 in 'unearned' income during the year. Provide complete neries of stocks and mutual lunds (do not use only ticker symbols).	Assets and/or income Sources	BLOCK A
×	Acquisitions ×	Norm \$1.\$1.000 \$1.001-\$15.000 \$15.001-\$10.000 \$50,001-\$100,000 \$100.001-\$20,000 \$750.001-\$20,000 \$500,001-\$1,000,000 \$1.000,081-\$5,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000	D E F G H		indicate value of easet at dose of the reporting period. If you use a valuation method other than fair market value, please spootly the method used. If an esset was said during the reporting period and la included only because it generated income, the value should be those. *Column M is for essets held by your spouse or dependent child in which you have no interest.	Value of Asset	BLOCK B
*	X Royalites	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify e.g., Platnestrip Income or Farm Income)			Check all odumns that apply. For ecounts that generals tax-deferred income (such as 40°(10), IPAL or 529 accounts), you may check the "Tax-Deferred" column. Dhyldent Minterest, and capital geins, even it reinvested, must be discheded as income for assets held in taxable accounts. Check the asset generated no income during the reporting period.	Type of income	вгоск с
×	* * * * * * * * * * * * * * * * * * *	None \$1-\$200 \$201-\$1,000 \$1.001-\$2.500 \$2.501-\$2.500 \$2.501-\$2.5000 \$53.001-\$15.000 \$51.001-\$2.5000 \$50.001-\$1.000.000 \$100.001-\$1.000.000 \$100.001-\$3.000.000 Over \$3.000.000 \$5000000 \$50000000 \$5001-\$1.000 \$1.001-\$2.500 \$2.501-\$2.5000 \$3.001-\$1.5000 \$1.001-\$2.5000 \$5001-\$1.5000 \$1.001-\$2.5000 \$5001-\$1.5000 \$1.001-\$1.000.000 \$1.001-\$1.000.000 \$1.0001-\$2.000.000 \$50000000 \$500000000 \$500000000	U III II II IIX X X XI	Current Year	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other is assets indicate the category of income by checking the appropriate box below. Dividends, interest, and Koapital galins, even if refereesed, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated. Solution XII is for assets held by your spouse or dependent child in which you have no interest in the column XII is for assets held by your spouse or dependent child in which you have no interest in the column XII is for assets held by your spouse or dependent child in which you have no interest or the column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	вгосж р

Use additional sheets if more space is required

SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27.765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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Source (include date of receipt for benemic)	Ť.,,,,		Amount
Source (include case of receipt for nonorana)	iype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Site of Mayland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Omaha Healthy Kids Alliance	Salary	30,000	131,000
Creighton University	Spouse Salary	28,000	61,000
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SCHEDULE D - LIABILITIES

Name	
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of 6	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

			89. 00. JT		
		Exemple			
		First Bank of Wilmington, DE	Creditor		
		5/948	Date Liability Incurred MO/YR		
		Mongage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
, ,					
			\$15,001- \$50,000	90	
			\$15,001- \$50,000 \$50,001- \$100,000	60	
		×	\$50,001-		Þ
		×	\$50,001- \$100,000 \$100,001-	6	Amoun
		×	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001-	0	Amount of Li
		×	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000- \$500,000-	C D	Amount of Liability
		×	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	C) D) Th	Amount of Liability
		×	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$5,000,000	C	Amount of Liability
		×	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$1,000,000 \$1,000,000 \$5,000,000 \$5,000,001- \$25,000,000	C	Amount of Liability

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, lebor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

per bo and the current carefular year. First year carminate	portuo and the current year. The year certaines and her employees report positions had not one care in the process of the process.
Position	Name of Organization
CEO	Omaha Healthy Kids Alliance
Vice Chair	Metropolitan Community College Board of Governors
Board Member	National Lead and Healthy Housing Association
Spouse - Associate Professor	Creighton University
Souse - President	Assoc. of Spanish and Portuguese Historical Studies

SCHEDULE F - AGREEMENTS

MENTS	Name:	Page 6 of 6
eral terms of any agreement or arrangement that you have with re	eral terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	of government service;

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

employer.		
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on \$chedule C.

government and any information considered confidered as a result of a privileged relationship recognized by law. Do not repeat	a privileged (Mationship recognized by law. Do not repeat information instead on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Omaha Healthy Kids Alliance	CEO duties
Creighton University (Spouse)	Associate Professor Duties

FILER NOTES (Optional)

Name:	
Pagec	
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NOTE NUMBER